

## **TRI-CARE ... Is This How We Care About Our Soldiers?**

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*By Acting State Rep. Melissa Noriega*

TriCare is a healthcare plan contracted by the Department of Defense to private insurance companies. It is the first choice available to more than six million military personnel and their families. Unless they live near a military base, however, it is a challenge to find doctors who recognize or will accept TriCare insurance. This leaves the families of National Guardsmen and reservists who are deployed to war zones, scattered across the state, without access to health care.

For twenty years, my husband, Rick Noriega, was one of thousands of men and women who trained with the Texas Army National Guard one weekend each month and two weeks each summer, should their country need them.

When he was mobilized in June, 2004, for full time active service with the U.S. Army, we had only a few days to make life changing decisions. With one son in college and a seven year old, health insurance certainly was one of the most difficult decisions.

Rick and I had been fortunate; his employer offered us health insurance. But care has a price, and the premiums were high. Without time to thoroughly investigate TriCare services, and with our income about to become uncertain, we made a financial decision to accept the insurance offered by the Army.

Our family suffered the consequences of that choice.

In October 2004, I contracted an antibiotic resistant staphylococcus infection. Three potent antibiotic prescriptions led to a thrush infection in my mouth. I cannot tell you how distressing it was to watch my face swell as I lost the ability to swallow. More traumatizing, however, was the discovery that the health insurance that I thought would protect my family was practically worthless in Houston.

That is not too strong a statement. I discovered that among the TriCare providers in Houston or Harris County, only one was within a reasonable distance of my home. Worse, my doctor of 20 years and her entire group refused to accept TriCare, as did one of the premier medical facilities in the world. Houston is renowned for leading edge medical research and education, for state-of-the-art health care, yet I could not find a doctor associated with any of those facilities who would take TriCare.

I ended up in the emergency room. Eventually, through personal contacts, I survived. But just days later, my younger son broke his elbow. At the suggestion of my Congressman, I was able to add us to Rick's group health insurance, available to him as a state employee.

Finally, our older son was refused a prescription refill because he had been automatically dropped from TriCare upon attaining his 21st birthday in January. This occurred without

notice of the impending change or instructions about what to do to maintain his eligibility as a full time college student. When Rick returned briefly on leave from Afghanistan in March, he took a full day to drive 100 miles to renew his son's ID card and reinstate his TriCare coverage.

If I, the wife of a Texas State Representative... if I cannot get access to proper healthcare with all the resources or contacts my husband and I have ... then who can?

Those who cannot are the dependents of the military personnel from the National Guard currently on active duty either in, going to or returning from war zones half way round the world.

They live in many large cities and small towns without a military base. It is clear that the military paradigm has changed: the United States is at war and the Administration is relying more and more on a decentralized force, one in which the soldiers and their families are not located on or near a military base.

Doctors in small towns may continue to see their patients because of long relationships or declining populations, or just because it's the right thing to do, but there's no guarantee.

Regardless of our locations, we all face the same issues... caring for our children, maintaining our homes, many of us working full time, trying to balance the budget and our time until our spouse returns safely. Foremost in our minds, after the safety of our loved ones, I assure you, is healthcare for our families.

In March this year, I invited doctors and hospital representatives from around the state to discuss how to improve healthcare access for military families. These TriCare issues are not new.

Providers need faster reimbursement at higher rates that might come close to paying their cost. And without exception, they all said that the TriCare process needs to be more efficient, the administrative process streamlined. The complex forms are daunting, and instructions, including the web site, are perplexing. Providers with questions have difficulty contacting someone to answer them.

The doctors and hospitals do want to support our troops and their families, but they would like to be paid fairly for the work they do. Many providers said that, whereas Medicare usually reimburses within 15-25 days, TriCare may take up to 90 days. Compounding the problem is the extremely low TriCare reimbursement rates, which I understand are 10-15% lower than Medicare.

American soldiers and their families serve courageously in this country's times of need. It's time now for the Administration and Congress to step up for our troops and their families... because they are sacrificing so much for us. The families of our soldiers need you, members of Congress, to examine this issue immediately and insist that they get the

health care they need. And they need it where the families of reservists, not full time military personnel on a base, live.

Our soldiers are standing watch across the world so we might be safe and free. Congress needs to address this concern, and they need to do it now.

*Noriega, D-Houston was appointed Acting Representative while her husband, Major Rick Noriega, serves the United States Army near Kabul, Afghanistan, as part of Operation Enduring Freedom.*

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